

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Yoshihiro Taura

Application No.: Not Yet Assigned

Confirmation No.:

Filed: December 2, 2004

Art Unit: N/A

For: IMAGE PROCESSING CIRCUIT, IMAGE  
PROCESSING METHOD, AND CAMERA  
DEVICE

Examiner: Not Yet Assigned

**INDICATION OF TEN PRACTITIONERS UNDER 37 CFR § 1.32(c)**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The undersigned, as an attorney or patent agent of record, requests the following ten patent practitioners named in the power of attorney to be recognized by the Patent and Trademark Office as being of record in application or patent to which the power of attorney is directed, under 37 C.F.R. § 1.32(c).

**Please associate Customer No. 23353 with this application.**

| Name               | Registration Number | Name             | Registration Number |
|--------------------|---------------------|------------------|---------------------|
| Ronald P. Kananen  | 24,104              | Shawn B. Cage    | 51,522              |
| Ralph T. Rader     | 28,772              | Carl Schaukowich | 29,211              |
| Michael D. Fishman | 31,951              | Robert S. Green  | 41,800              |
| Steven L. Nichols  | 40,326              | Brian K. Dutton  | 47,255              |
| Kristin L. Murphy  | 41,212              | Lee Cheng        | 40,949              |

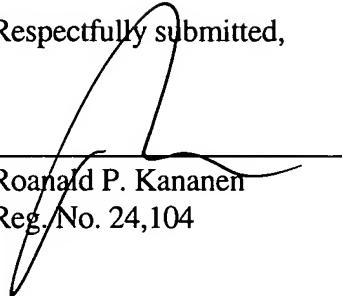
10/516412

DT12 Rec'd PCT/PTO 02 DEC 2004

Please direct all communications to:

Ronald P. Kananen  
Rader, Fishman & Grauer PLLC  
Suite 501  
1233 20<sup>th</sup> St., NW  
Washington, DC 20036

Respectfully submitted,

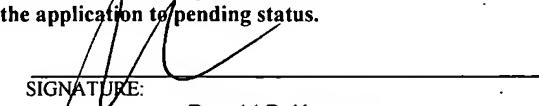
  
Ronald P. Kananen  
Reg. No. 24,104

December 2, 2004

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                                         |  |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|--|---------------------------------------------------------------------|
| FORM PTO 1390<br>(REV 10-2003)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE |  | ATTORNEY'S DOCKET NUMBER<br>SON-2762                                |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                                         |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/516412</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP03/07207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INTERNATIONAL FILING DATE<br>06 June 2003 | PRIORITY DATE CLAIMED<br>06 June 2002                   |  |                                                                     |
| TITLE OF INVENTION<br>IMAGE PROCESSING CIRCUIT, IMAGE PROCESSING METHOD, AND CAMERA<br>DEVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                         |  |                                                                     |
| APPLICANT(S) FOR DO/EO/US<br>Yoshihiro Taura                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                         |  |                                                                     |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                                         |  |                                                                     |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))<br/>       a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br/>       b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.<br/>       c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).<br/>       a. <input checked="" type="checkbox"/> is attached hereto.<br/>       b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))<br/>       a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br/>       b. <input type="checkbox"/> have been communicated by the International Bureau.<br/>       c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br/>       d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</p> |                                           |                                                         |  |                                                                     |
| Items 11 to 20 below concern document(s) or information included:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                         |  |                                                                     |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: Notification of Receipt of Record Copy, Notification Concerning Submission or<br/>Transmittal of Priority Document, Notice Informing the Applicant of the<br/>Communication of the International Application to the Designated Offices</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                         |  |                                                                     |

| U.S. APPLICATION NO. OR PCT NO. (See 37 CFR 1.5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | INTERNATIONAL APPLICATION NO. | ATTORNEY'S DOCKET NUMBER |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------|--------------------------|-----------|--------|------------------------|--------------|------|----------|--------------|---------|---|------|----------|--------------------|-------|---|------|---------|---------------------------------------------|--|--|--|---|--------------------------------------|--|--|--|-----------|
| <b>10/516412</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | PCT/JP03/07207                | SON-2762                 |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| 21. <input checked="" type="checkbox"/> The following fees are submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) – (5)):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <input type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO ..... \$1110.00                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <input checked="" type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO ..... \$950.00                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$790.00                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... \$750.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$100.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>24-20 =</td> <td>2</td> <td>x 18</td> <td>\$ 36.00</td> </tr> <tr> <td>Independent claims</td> <td>3-3 =</td> <td>0</td> <td>x 88</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>+</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td style="text-align: center;">\$ 986.00</td> </tr> </tbody> </table> |                        |                               |                          |           | CLAIMS | NUMBER FILED           | NUMBER EXTRA | RATE |          | Total claims | 24-20 = | 2 | x 18 | \$ 36.00 | Independent claims | 3-3 = | 0 | x 88 | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(s) (if applicable) |  |  |  | + | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$ 986.00 |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NUMBER FILED           | NUMBER EXTRA                  | RATE                     |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| Total claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 24-20 =                | 2                             | x 18                     | \$ 36.00  |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| Independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3-3 =                  | 0                             | x 88                     | \$ 0.00   |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                               |                          | +         |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                               |                          | \$ 986.00 |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 10%; text-align: center;">Amount to be refunded:</td> <td style="width: 20%; text-align: center;">\$</td> </tr> <tr> <td></td> <td style="text-align: center;">charged:</td> <td style="text-align: center;">\$</td> </tr> </table>                                                                                                                                                                                                                                                                                      |                        |                               |                          |           |        | Amount to be refunded: | \$           |      | charged: | \$           |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Amount to be refunded: | \$                            |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | charged:               | \$                            |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>18-0013</u> in the amount of \$ <u>986.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>18-0013</u> . A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.                                                                                                                                                                                                                                                                                                                                                                              |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| SEND ALL CORRESPONDENCE TO:<br>Ronald P. Kananen<br>RADER, FISHMAN & GRAUER PLLC<br>1233 20th Street, N.W.<br>Suite 501<br>Washington, DC 20036<br>(202) 955-3750 –December 2, 2004<br>CUSTOMER NUMBER: 23353                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |
| <br><b>SIGNATURE:</b> <u>Ronald P. Kananen</u><br><b>NAME</b><br><b>REGISTRATION NUMBER:</b> <u>24,104</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                               |                          |           |        |                        |              |      |          |              |         |   |      |          |                    |       |   |      |         |                                             |  |  |  |   |                                      |  |  |  |           |